

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY  
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **30158**

FILED SEP 16 1948

Registration District No. **155**

Primary Registration District No. **3127**

Registrar's No. **135**

1. PLACE OF DEATH:

(a) County **Jasper**  
(b) City or town **Webb City**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**618 North Main Street**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **NO** (Specify whether)  
In this community **36 years**  
years, months or days)

3. (a) PRINT FULL NAME **Harvey Trimble**

3. (b) If veteran, name was **no data** 3. (c) Social Security No. **no data**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Cora Trimble** 6. (c) Age of husband or wife if alive **71** years  
7. Birth date of deceased **December 7, 1866**  
(Month) (Day) (Year)

8. AGE: Years **81** Months **8** Days **28** If less than one day  
hr. min.

9. Birthplace **Kentucky**  
(City, town, or county) (State or foreign country)

10. Usual occupation **retired farmer**

11. Industry or business

12. Name **no data**  
13. Birthplace **no data**  
(City, town, or county) (State or foreign country)  
14. Maiden name **no data**  
15. Birthplace **no data**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Widow: Cora Trimble**

(b) Address **Webb City, Mo.**

17. (a) **burial** (b) Date thereof **9/8/48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Hope Cemetery**

18. (a) Signature of funeral director **Hedge-Lewis**

(b) Address **Webb City, Mo.**

19. (a) **SEPT. 7, 1948** (b) **[Signature]**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jasper**  
(c) City or town **618 North Main Webb City**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **618 North Main**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **6**  
year **1948** hour **9:15** minute **A. M.**

21. I hereby certify that I attended the deceased from **Sept 1** to **Sept 6**, 19**48**  
that I last saw him alive on **Sept 1** and that death occurred on the date and hour stated above.  
Immediate cause of death

**Chronic Myocarditis**

Due to

Due to

Other conditions:  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)  
(b) Date of occurrence  
(c) Where did injury occur? (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (c) Means of injury

23. Signature **[Signature]** (M. D. or other)  
Address **Webb City, Mo.** Date signed **9/7/48**

(Licensed Embalmer's Statement on Reverse Side)

48-8-759

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No. ....,  
working under my personal supervision.

Signed.....

*Richard Gray Lewis*

Licensed Embalmer No. ....

*48495*

P. O. Address.....

*Webb City, Mo.*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**